

CUSTOMER PROFILE FORM



The purpose of this form is to provide customer and contact information for those customers and contacts which need to be established in the Bureau of Industry and Security (BIS) and National Oceanic and Atmospheric Administration (NOAA) customer database in the Core Financial System. NOAA will use the information only for the purposes stated in the references cited above and will restrict access to the data to authorized personnel who will use it only for the specified purposes. If the customer is an individual (Consumer) complete the *italic* fields only unless otherwise noted.

Please check one: ____ NEW ____ CHANGE (please complete customer name and only those areas which have changed)

NAME: Legal Name _____
Division/subunit _____ (Not applicable to Consumers)
Acronym or shortened name _____ (6 characters/digits or less)

Type of Customer (select one):

____ BIS Employee	____ Foreign Commercial
____ NOAA Employee	____ Foreign Government
____ Consumer	____ Joint/Multiple Debtors (Civil Monetary Penalties)
____ Commercial	____ State/Local Government
____ Federal Government	____ University

Agency Location Code _____ (For Federal Government Agencies only)

Bill through IPAC? (Check one) ☐ Yes ☐ No

Taxpayer Identification Number (TIN)

SSN (individual/sole proprietorship) _____ - _____ - _____

EIN (Corporation/partnership/sole proprietorship with one or more employees)

_____ - _____

Parent Company Name _____

Parent Company EIN _____ - _____

Please provide a Customer Name and billing contact address below. (Applies to all Customer Types):

*Customer Name _____

*Contact Name and/or Title _____

*Address line 1 _____

Address line 2 _____

*City _____

*State _____ *ZIP _____ *Country _____

*DUNS Number _____

Phone _____ Fax _____

Internet E-mail address _____

*Required

DRAFT CUSTOMER PROFILE FORM (cont'd)

Please provide an acceptance contact address below. (Optional for Reimbursable Customer Types):

*Contact Name and/or Title _____
*Address line 1 _____
Address line 2 _____
*City _____
*State _____ *ZIP _____ *Country _____
*DUNS Number _____
Phone _____ Fax _____
Internet E-mail address _____

*Required

Please provide a financial reporting contact address below. (Optional - Applies to Reimbursable Customer Types):

*Contact Name and/or Title _____
*Address line 1 _____
Address line 2 _____
*City _____
*State _____ *ZIP _____ *Country _____
*DUNS Number _____
Phone _____ Fax _____
Internet E-mail address _____

*Required

I certify that the information which I have provided on this form is correct.

Name (type or print) Title Phone#

Signature _____ Date _____